

NOTICE OF PRIVACY PRACTICES BGSU COUNSELING CENTER

Consistent with our professional codes of ethics, Ohio State law, and Center policy, the BGSU Counseling Center has a longstanding commitment to maintaining the privacy of student information. Federal legislation has been enacted that further specifies the exact ways in which privacy matters must be handled; this legislation also mandates that you be provided with a copy of our privacy policy (describing how personal information about you may be used and disclosed as well as how you can get access to this information). Please review this policy carefully. Any questions may be directed to Dr. Craig Vickio (the Counseling Center Director) or Dr. Catherine Kocarek (the Center's Assistant Director/Clinical Director) at 419-372-2081. The effective date for this policy was April 14, 2003.

PRIVACY POLICY

The Counseling Center is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to such information. Clients who have questions or require additional information may direct their inquiries to either Dr. Craig Vickio (Director and Privacy Officer) or Dr. Catherine Kocarek (Assistant Director and Privacy Contact). Clients who believe their rights have been violated can submit complaints on the "Form for Reporting a Privacy Rights Infraction" which is available in the waiting room. These complaints will be reviewed by the Center Director and/or Assistant Director. Concerns that require immediate attention should be directed to the Director, Associate Director (Dr. Mark Krauthem) or Assistant Director. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Dept. of Health and Human Services. The Counseling Center will not retaliate against any individual for filing a complaint.

A copy of this notice is given to all clients, and we request that they sign an acknowledgement form. Additional copies of this notice are available in the waiting room. The policy is also posted on our Center's web page.

Definitions:

Personal health-related information that could identify an individual client is considered *Protected Health Information* (PHI).

Treatment, Payment, and Health Care Operations (TPO) are activities related to the provision of health care, the collection of payment from the client or a third party, and the implementation of health care operations.

Health Care Operations encompass functions such as quality improvement, peer review, accreditation, licensing, business planning, contracting with business associates, auditing and general administration.

The *Minimum Necessary* information is the least amount of PHI that is required to achieve the desired purpose.

Access and Disclosure:

Protected health information (PHI) may be used and disclosed for purposes related to the provision of your health care (TPO). PHI may be disclosed in certain other situations, as described below, relating to public health and safety or to court proceedings. The Counseling Center may also use PHI to contact clients who have missed appointments, to reschedule appointments, or to advise clients of issues or options that have arisen in relation to their treatment.

The following people or entities will have access to PHI:

- The client. (We require that a member of our staff be present if a client requests to review his/her clinical record.)
- Any person to whom the client has provided written authorization for the release of information.
- Parents or legal guardians of a minor. (NOTE: In accordance with state law, minors are allowed to be seen for six sessions or 30 days [whichever comes first] without consent of parents or legal guardians; any records generated during this period of time are not available to the parents or guardians unless the client provides written permission).
- Public health services, regulatory officials, and law enforcement agencies, when required by law. (Staff members are legally required to report the abuse of certain populations [e.g., children, elderly adults, and individuals with mental retardation or developmental disabilities]; staff members are also mandated to disclose information to avert a serious and imminent threat to any person's healthy or safety).
- Courts. When we receive a court order or a request for information pertaining to legal proceedings, we consult University General Counsel to assure that all legal conditions are satisfied. We also attempt to inform the client prior to responding.
- Officially-designated business associates (such as accreditation reviewers, providers of bonded disposal services, and technology staff who maintain the secure server) may have limited access but must sign confidentiality agreements forbidding them from disseminating PHI.
- Counseling Center staff (with appropriate authorization) will have access to PHI for purposes of TPO. Examples of staff members needing access for such purposes include the following: The staff member providing counseling, the clinical supervisor, those responsible for assigning clients to counselors, those providing emergency services, the transcriptionist, and reception staff (who have very limited access) (NOTE: Custodial staff does **not** have access to PHI).

Minimum Necessary:

When disclosure of PHI is warranted, the Counseling Center staff strives to reveal the least amount of client information that is necessary to achieve the desired purpose.

Authorizations:

Before we use or disclose PHI for purposes not related to TPO, and not required by law, we must obtain written client authorization, signed and dated. The authorization must contain a description of the information to be used or disclosed, the name of the recipient of the PHI, an expiration date, and a description of the purpose of the use or disclosure. The client can revoke the authorization at any time. Upon providing PHI to an authorized party, the Counseling Center has no ability to monitor or control the manner in which that party protects the released information. Center policy prohibits the re-disclosure of information received from a third party without written consent from the client.

Client Rights:

- Clients have a right to see and to obtain a copy of their PHI.* We require that a member of our staff be present when the client inspects the original clinical record. (NOTE: There may be a charge for photocopying records).
- Clients have a right to request limitations to the routine use of PHI for TPO.* If we agree to any limitation, we must abide by that agreement except in emergencies.
- Clients have a right to request amendments to their PHI.* If we deny the request, we must provide an explanation and we must also allow the client to provide a statement of disagreement that will be added to the clinical record. Changes resulting from an amendment to a record do not expunge any prior information or part of the record; the amended information is instead added to the existing record.
- Clients have a right to request that they receive information from us by alternative means or at alternative locations.* We must accommodate any reasonable request.
- Clients have the right to see a list (i.e., “disclosure log”) of people to whom PHI has been disclosed within the past six years. This list may include disclosures such as legally-mandated reports of child abuse. The list does not include disclosures related to TPO, disclosures to the client, and disclosures pursuant to an authorization. We must also suspend the right of clients to receive an accounting of disclosures to law enforcement officials if the official provides a written statement as required.

* Such requests are to be made in writing. Forms are available in the waiting room.

Security:

Privacy measures are designed to protect the confidentiality of PHI. All Counseling Center staff will observe the following rules:

- All staff will receive instruction about the Counseling Center Privacy Policy. All staff will be required to be familiar with the Counseling Center Privacy Policy.
- Staff will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the Counseling Center is open, exposed client records are not left unattended in unlocked offices. Clients and others who are not part of the Counseling Center staff are prohibited access to computerized client appointment schedules. When the Counseling Center is closed, its record room is locked and alarmed. Staff members are generally prohibited from taking any written PHI out of the Center.
- Staff members in the Counseling Center will exercise caution when using their computers to generate confidential documents. Information containing PHI is not saved to the hard-drive of the Counseling Center’s computers. Instead, necessary PHI is retained on a secure server or, in some instances, saved to a disk (which is then kept in a locked, secured location in the Center).
- Staff members will fax PHI only to secure locations and only after obtaining proper authorization.
- Staff members avoid or minimize any e-mail communications with clients regarding confidential matters, although, with client permission, appointments may be scheduled via email. (Clients are informed that e-mail is not a secure means of communication.)
- Counseling Center staff not already obligated to maintain confidentiality by a particular licensing board are required to sign a Center “confidentiality agreement.”
- Former employees do not have keys to the office and are not permitted any access to client records.
- Any Business Associates who must have access to PHI will be required to sign an agreement that they will hold confidential and private all PHI. Business Associates who do not honor their agreement will be subject to termination of their relationship with the Counseling Center.

Administration:

The Counseling Center Assistant Director serves as the Privacy Contact, the Center Director serves as the Privacy Officer, and a designee of the University ITS department serves as the Security Officer. All Counseling Center staff members are required to comply with all the policies of the Counseling Center, including the Privacy Policy. Violations of this requirement will be treated as disciplinary matters according to the procedures delineated in the Administrative and Classified Staff Handbooks.

